
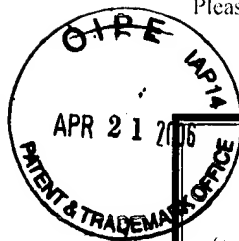


Please type a plus sign (+) inside this box → 

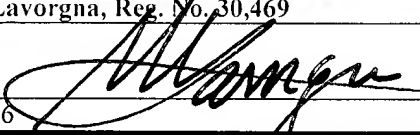
PTO/SB/21 (08-00)


Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE



<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/720,755
		Filing Date	02/20/2001
		First Named Inventor	Robert W. Turnbull
		Group Art Unit	1724
		Examiner Name	Peter A. Hruskoci
Total Number of Pages in This Submission		Attorney Docket Number	36290-0207-00-US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>  <input type="checkbox"/> Drawing(s) – Figs.  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> RCE; checks totaling \$910.00
Remarks:		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	Gregory J. Lavorgna, Reg. No. 30,469	
Signature		
Date	April 21, 2006	

CERTIFICATE OF EXPRESS MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with Express Mail Label No. <b>EL975359785US</b> in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313 on this date: <b>April 21, 2006</b> .		
Typed or printed name	Michelle D. Sebastian	
Signature		Date: April 21, 2006

PHIP\379861v1

EL975359785US



U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

## FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$910.00)

METHOD OF PAYMENT (check all that apply)

☐ check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account:

Deposit Account Number **50-0573**

Deposit Account Name **Drinker Biddle & Reath LLP**

The Director is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee required under 37 CFR 1.16 and 1.17

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

### FEE CALCULATION

#### EXTRA CLAIMS FEES FOR UTILITY AND REISSUE

Total Claims \* -20\*\* = 0 X \* = \$0

Independent Claims \* - 3\*\* = X 100 = \$0

Multiple Independent + 360/180 = \$0

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee Code	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	200	2204	100	**Reissue independent claims over original patent
1205	50	2205	25	**Reissue claims in excess of 20 and over original patent

\*\*or number previously paid, if greater; For Reissue, see above

SUBMITTED BY CUSTOMER NO. 23973

Complete if known

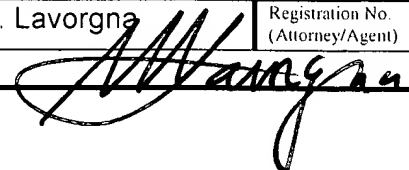
Application Number **09/720755**  
Filing Date **02/20/2001**  
First Named Inventor **Richard William Turnbull**  
Examiner Name **P.A. Hruskoci**  
Art Unit **1724**  
Attorney Docket No. **36290-0207-00-US**

### FEE CALCULATION (continued)

#### ADDITIONAL FEES

Fee Code	Large Entity Fee (\$)	Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for <i>ex parte</i> reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	120	2251	60	Extension for reply within first month	X
1252	450	2252	225	Extension for reply within second month	
1253	1,020	2253	510	Extension for reply within third month	
1254	1,590	2254	795	Extension for reply within fourth month	
1255	2,160	2255	1,080	Extension for reply within fifth month	
1401	500	2401	250	Notice of Appeal	
1402	500	2402	250	Filing a brief in support of an appeal	
1403	1,000	2403	500	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	500	2452	250	Petition to revive - unavoidable	
1453	1,500	2453	750	Petition to revive - unintentional	
1501	1,400	2501	700	Utility issue fee (or reissue)	
1503	1,100	2503	550	Plant issue fee	
1462	400	1462	400	Petition to the Commissioner - Group I	
1463	200	1463	200	Petition to the Commissioner - Group II	
1464	130	1464	130	Petition to the Commissioner - Group III	
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)	
1806	180	1806	180	Submission of Information Disclosure Sum	
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	790	2801	395	Request for Continued Examination (RCE)	X
1802	900	1802	900	Request for expedited examination of a design application	
Other fee (specify)					

Complete (if applicable)

Name (Print/Type) **Gregory J. Lavorgna** Registration No. (Attorney/Agent) **30,469** Telephone **(215) 988.2700**  
Signature  Date **April 21, 2006**